

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/889207	FILING DATE
APPLICANT(S)	

## CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3						
4						
5						
6	1					
7		1				
8		1				
9		1				
10	1					
11		1				
12	1					
13		1				
14	1					
15	1					
16		1				
17	1	1				
18	1					
19	1					
20	1					
21	1					
22	1					
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36						
37						
38						
39						
40						
41	3		1	1	1	1
42	6		1	1	1	1
43			1	1	1	1
44			1	1	1	1
45			1	1	1	1
46			1	1	1	1
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82			1	1	1	1
83			1	1	1	1
84			1	1	1	1
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93			1	1	1	1
94			1	1	1	1
95			1	1	1	1
96			1	1	1	1
97			1	1	1	1
98			1	1	1	1
99			1	1	1	1
100			1	1	1	1
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS